

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09 / 80 79 16**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4	1		1			
5		1		1		
6		2		2		
7		1		1		
8	1		1			
9		1		1		
10		2		2		
11		2		2		
12	1		1			
13		1		1		
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TOTAL IND.		↓	4	↓		↓
TOTAL DEP.			17	↓		↓
TOTAL CLAIMS			21			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.				↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

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